# P08000003249

Office Use Only



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## **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: ASSO	ciated Benefits Compa (PROPOSED CORPORA)	any, Inc. te name – <u>must incl</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☑ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED
FROM: C	had Baran		
	Name	(Printed or typed)	
	9650 Wolcott Place		
•		Address	
	Wellington, FL 33414		
	City,	State & Zip	
	561-601-0068		
•	Daytime T	elephone number	

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

# Associated Benefits Company, Inc

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3460 Fairlane Farms Road #4
Wellington, FL 33414

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance benefits for individuals and business

#### ARTICLE IV SHARES

The number of shares of stock is: 4000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Gene Villa / Owner 1918 Derby Trail Wellington, FL 33414

Chad Baran / Owner 9650 Wolcott Place Wellington, FL 33414 08 IAN -8 AH IO: 21

SECRE LAKT OF CORPORATIONS

## REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Chad Baran 9650 Wolcott Place Wellington, FL 33414 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Chad Baran 9650 Wolcott Place Wellington, FL 33414 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I and familiar with and geeff the appointment as registered agent and agree to act in this capacity 1-3-08 Date

1-3-08 Date

Signature/Registered Agent

Signature/Incorporator